



7-1-04

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Attorney Docket No.  
030673

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: :  
Hope et al. : COMPOSITIONS AND METHODS FOR  
Serial No.: 09/382,088 : PROTECTING ORGANS, TISSUE AND  
: CELLS FROM IMMUNE SYSTEM-  
Filed: August 24, 1999 : MEDIATED DAMAGE  
:

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Pittsburgh, Pennsylvania 15222  
June 30, 2004

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action (the "Action"), dated March 31, 2004 in the above-referenced patent application ("the Application"), Applicants submit the following Amendments and Remarks. Applicants would like to thank Examiner Ewoldt for taking the time out of his busy schedule to meet with us to discuss the invention as well as suggesting amendments to the claims.

Amendments to the claims begin on page 2 of this paper.

REMARKS begin on page 33 of this paper.

07/06/2004 LWONDIH1 00000082 09382088

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**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: E. G. Hope et al.

Application No.: 09/382,088

Filed: August 24, 1999

For: Compositions and Methods for Protecting Organs, Tissue and Cells from  
Immune System-Mediated Damage

**Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**EXPRESS MAIL CERTIFICATE**

"Express Mail" label number: ED152228913US

Date of Deposit: June 30, 2004

I hereby certify that the following attached paper or fee

**AMENDMENT TRANSMITTAL**

**AMENDMENT AND RESPONSE TO OFFICE ACTION (with attachments)**

**CHECK PAYABLE TO PTO (For additional claims fees)**

**INFORMATION DISCLOSURE STATEMENT, PTO FORM-SB/08A AND COPIES OF REFS. CITED  
ATTACHED**

**CHECK PAYABLE TO PTO (For IDS Submission Fee)**

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: **Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Beth H. Retort

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

**NOTE:** Each paper must have its own certificate and the "Express Mail" label number as a part thereof or attached thereto. When, as here, the certification is presented on a separate sheet, that sheet must (1) be signed and (2) fully identify and be securely attached to the paper or fee it accompanies. Identification should include the serial number and filing date of the application as well as the type of paper being filed, e.g. complete application, specification and drawings, responses to rejection or refusal, notice of appeal, etc. If the serial number of the application is not known, the identification should include at least the name of the inventor(s) and the title of the invention.

**NOTE:** The label number need not be placed in each page. It should, however, be placed on the first page of each separate document, such as, a new application, amendment, assignment, and transmittal letter for a fee, along with the certificate of mailing by "Express Mail." Although the label number may be on checks, such a practice is not required. In order not to deface formal drawings it is suggested that the label number be placed on the back of each formal drawing or the drawings be accompanied by a set of informal drawings on which the label number is placed.

**(Express Mail Certificate [8-3])**



Attorney's Docket No. 030673

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: E. G. Hope et al.

Application No.: 09/382,088

Filed: August 24, 1999

For: Compositions and Methods for Protecting Organs, Tissue and Cells from  
Immune System-Mediated Damage

**Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is

☒ A statement that this filing is by a small entity is hereby asserted in accordance  
with the rule change effective September 8, 2000, 65 Fed. Reg. 54603.

☐ other than a small entity.

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**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

☐ deposited with the United States  
Postal Service with sufficient postage as  
first class mail in an envelope addressed  
to the Commissioner for Patents, P.O. Box  
1450, Alexandria, VA 22313-1450

**FACSIMILE**

☐ transmitted by facsimile to the  
Patent and Trademark Office.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
*(type or print name of person certifying)*



## EXTENSION OF TERM

**NOTE:** "Extension of Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

*If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).*

**NOTE:** See 37 CFR 1.645 for extensions of time in interference proceedings, and 37 CFR 1.550(c) for extensions of time in reexamination proceedings.

**3.** The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (a) or (b), as applicable)

(a) ☐ Applicant petitions for an extension of time under 38 CFR 1.136  
(fees: 37 CFR 1.17(a)-(d) for the total number of months checked below:

<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 420.00	\$210.00
<input type="checkbox"/> three months	\$ 950.00	\$475.00
<input type="checkbox"/> four months	\$1,480.00	\$740.00

**Fee \$**

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

☐ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

**OR**

(b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	234•	MINUS	78••		156=	x9=	\$1,404		x18=	\$0
INDEP.	3•	MINUS	3•••		0=	x43=	\$0.		X86=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+130=	\$		+290=	\$
						TOTAL ADDIT. FEE	\$1,404.	OR	TOTAL ADDIT. FEE	\$0

- If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
- If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20."
- If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, enter "3."  
The "Highest No. Previously Paid for" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING** "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR § 1.116(a) (emphasis added).

Complete (c) or (d), as applicable)

(c) ☐ No additional fee for claims is required.

**OR**

(d) ☒ Total additional fee for claims required \$ 1,404.00

## FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 1,404.00

☐ Charge Account No.      the sum of \$     

A duplicate of this transmittal is attached.

## FEE DEFICIENCY

**NOTE:** *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. ☒ If any additional extension and/or fee is required, charge Account No. 11-110.

### AND/OR

- ☒ If any additional fee for claims is required, charge Account No.  
11-1110.

Reg. No.: 40,016

Tel. No.: (412) 355-8966  
Customer No. 26285



SIGNATURE OF ATTORNEY

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(type or print name of attorney)

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